CLAIMS ONLY

Application Number 10781930

Applicant(s)

* May be used for additional claims or amendments

Filing Date

CLAIMS	AS	AS FILED AFTER AMEND		FIRST AFTER SECOND MENT AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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8				1		
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48						
49						
50						
Total		1	3			1
Indep			\cup			
Total	4		A11		4	
Depend			24			
Total					-	
Claims			27			